APPLICATION FOR A WELL PERMIT/DRINKING WATER WELL

PROPERTY ADDRESS:	
PARCEL NUMBER:	
NAME OF APPLICANT	
ADDRESS OF APPLICANT	
TEL#	
EMAIL ADDRESS REQUIRED:	
NUMBER OF UNITS SERVED BY WELL AND UNIT NUMBERS:	
-	Signature of Applicant

FEE: \$ 100.00 — Annual

Please attach the following:

Lab Analysis from a Massachusetts Certified Laboratory with the following parameters, total coliform bacteria, e.coli bacteria, nitrite, pH, conductivity, sodium and iron/annual. All other parameters tested every 10 years.

^{*}please note that all permits will come from noreply@smartgovcommunity.com